


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000112242		
1. Entity Name BUSINESS VALUATIONS & ACCOUNTING, INC.		

FILED

06 SEP 25 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12739 LAKEWOOD BLVD. STE. B DOWNEY, CA 90242	Mailing Address 12739 LAKEWOOD BLVD. STE. B DOWNEY, CA 90242
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2. Principal Place of Business 2555 COLLINS AVE Suite, Apt. #, etc. A 502	3. Mailing Address Suite, Apt. #, etc.
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09142006 Chg-P CR2E034 (11/05)

City & State MIAMI Beach FL	City & State
Zip 33140	Country FL

4. FEI Number 41-2150035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUARTE, RICHARD ESQ. 355 PALERMO AVE. CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name: ROBERTO ROMAGOSA Street Address (P.O. Box Number is Not Acceptable): 2555 COLLINS AVE A502 City: MIAMI Beach FL Zip Code: 33140	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> <i>Remains the same</i> <i>[Signature]</i> <small>Signature of current registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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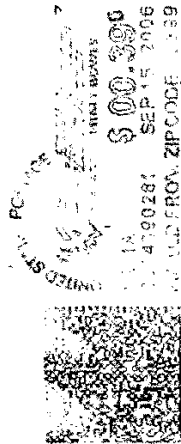
10. OFFICERS AND DIRECTORS-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ROMAGOSA, ROBERTO A 5825 COLLINS AVE. #12E MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 COLLINS AVE A502 MIAMI Beach FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080150830 09/25/06-01062-007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

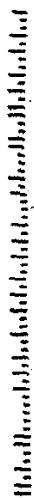
12. I hereby certify that the information supplied on this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 9/18/06 Daytime Phone #: 305-761-1408



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



*Received in
9/18/06*



50242+4521-35 CD14